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PATENT

CERTIFICATION OF TRANSMISSION

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Rochelle Lieberman

Attorney Docket No.: BEA9-2001-0036-US1**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Ramey

SERIAL NO.: 10/040,174

Group Art Unit: 2155

FILING DATE: January 2, 2002

Examiner: Korobov, V.

FOR: **Headless Serial Redirection
Through A Service Processor****RESPONSE TO OFFICE ACTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Non-Final Office Action dated March 31, 2005, Applicant respectfully
requests reconsideration of the outstanding rejection(s) of the claims in view of the remarks that
follow.

In the Title:

Please replace the title beginning at page 1, line 1 with the following rewritten title:

~~Headless~~ Serial Redirection Through A Service Processor

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FAX COVER PAGE

TO: U.S. Patent and Trademark Office

TELEFAX #: (703) 872-9306

ATTENTION: Examiner Korobov

DATE: June 30, 2005

TIME: 6:30 p.m.

NUMBER OF PAGES: 29 total page(s) (including this cover)

FROM: Rochelle Lieberman, Esq.

RE: Serial No. 10/040,174

DESCRIPTION: Response to First Office Action

COMMENT:

Voice Confirmation Required:

☐

Yes

☒

No

Original to Follow by Mail/Courier:

☐

Yes

☒

No

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Rochelle Lieberman

PATENT**Atty. Docket No.: BEA920010036US1****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Ramey

SERIAL NO.: 10/040,174

FILING DATE: January 2, 2002

FOR: **Headless Serial
Redirection Through A
Service Processor**

Group Art Unit: 2155

Examiner: Korobov, V.

Response Transmittal Letter

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Non-Fee Amendment

Sir:

Enclosed is an amendment in the above-identified patent application.

☐ ☐ verified statement(s) claiming small entity status☐ are also enclosed ☐ was submitted previously.☐ A Petition for Extension of Time is also enclosed.☐ An Associate Power of Attorney is also enclosed.☒ No additional fee is required.☐ An additional fee is required, and is calculated as shown below:

FEE CALCULATION TABLE					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	19	MINUS 19 =	0	x \$50 =	\$0
Independent Claims	4	MINUS 4 =	0	x \$200 =	\$0
If Amendment adds multiple dependent claims, add \$220.00					
Patent Extension Fee Under 37 C.F.R. §1.136(a) for ___ Months					N/A
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0

☐ A Credit Card Payment Form in the amount of \$____ is enclosed.

☐ Charge \$_____ to Deposit Account No.

Respectfully submitted,

By: _____

Rochelle Lieberman
Registration No. 39,276
Attorney for Applicant

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Date: June 30, 2005